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PTO/SB/50 (4/98)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	97-060A
First Named Inventor	LePage, R.
Original Patent Number	5,579,820
Original Patent Issue Date (Month/Day/Year)	12/03/96
Express Mail Label No.	E1847855273US

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☐ Yes ☒ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement filed in prior application, Status still proper and desired
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Request for Abstract of Title

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name	Matthew C. McNeill				
	Rite-Hite Holding Corporation				
Address	8900 North Arbon Drive				
	P.O. Box 23043				
City	Milwaukee	State	WI	Zip Code	53223
Country	U.S.A.	Telephone	414 362-0610	Fax	414 355-6578

NAME (Print/Type)	Matthew C. McNeill	Registration No. (Attorney/Agent)	35,281
Signature	<i>Matthew C. McNeill</i>	Date	12.03.98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

A/re

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

97-060A

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 27	**** 8 =	x \$ ____ =		x \$ 18 =	144
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 3	* 2 =	x \$ ____ =		x \$ 78 =	156
Basic Fee (37 CFR 1.16(h))				\$ ____			\$ 760
Total Filing Fee				\$ ____	OR		\$ 1,060

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$ ____ =		x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$ ____	OR	\$ ____	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
*** After any cancellation of claims
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☒ Please charge Deposit Account No. 18-1450 in the amount of 1,060.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-1450.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

12-03-98
Date


Signature of Applicant, Attorney or Agent of Record

Matthew C. McNeill

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"Express Mail" mailing label number: EI847855273US

Date of Deposit: December 3, 1998

REISSUE APPLICATION

I hereby certify that the documents listed below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Box REISSUE APPLICATION, Assistant Commissioner of Patents, Washington, DC 20231:

Reissue Application Fee Transmittal Form (in duplicate)
Reissue Application (7 pages Specification/cut-up copy of issued Specification
5 pages of 27 claims, 1 page ABSTRACT, 5 pages drawings from issued Patent)
Reissue Patent Application Transmittal
Reissue Application Declaration by the Inventor (7 pages)
2 "Offer to Surrender Original Patent" (each signed by 1 inventor)
Information Disclosure Statement, PTO-1449 and
Copies of IDS Citations (44 references)
Request for Abstract of Title (in duplicate)
Return Receipt Postcard

Matthew C. McNeill

Typed name of person mailing paper or fee

Matthew C. McNeill

Signature of person mailing paper or fee

Applicant(s) LePage, R., et al.

Title Roll-Up Door for Vehicle Shelters

Patent No. 5,579,820 **Filed:** _____

Rite-Hite Holding Corporation
8900 North Arbon Drive
P. O. Box 23043
Milwaukee, WI 53223-0043

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application of:

Patentees: LePage, R. and Paradis, M.

Patent Number: 5,579,820

Granted: December 3, 1996

For: Roll-Up Door for Vehicle Shelters

REQUEST FOR ABSTRACT OF TITLE

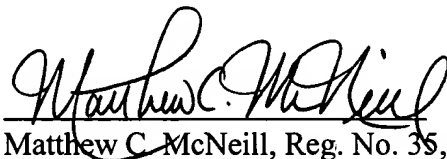
Assistant Commissioner
for Patents
Washington, D.C. 20231

Dear Sir:

Please prepare a certified Abstract of Title in respect of the above-identified original patent, for placing in the official file of the Reissue Application which is filed herewith.

For the fee required by 37 CFR 1.19(b)(4), please charge Deposit Account 18-1450 in the amount of \$25.00. Charge any additional fees or credit any overpayment to Account No. 18-1450. A duplicate of this request is attached.

Respectfully submitted,



Matthew C. McNeill, Reg. No. 35,281
Intellectual Property Counsel
8900 North Arbon Drive
P. O. Box 23043
Milwaukee, WI 53223-0043
(414) 362-0610